e. IS RESIDENCE

INTERVAL BETWEEN

ON A FARM?

YES ANO

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY Garrett

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Month Yeor June 19 56 20. 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost birthday) Months

U.S.A.

74 12. CITIZEN OF WHAT COUNTRY?

Address Oakland Md. R.

ONSET AND DEATH

PERFORMED? YES NO

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

(County) (State)

... 19 5 that I last saw the deceased .M, fram the causes and an the date stated above.

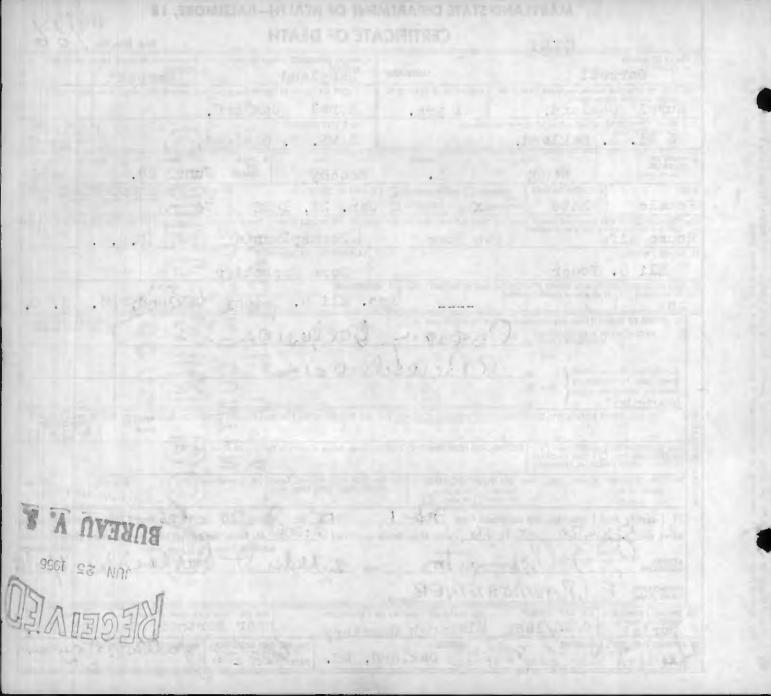
Oakland,

22d. LOCATION (City, town, or county) Goraner,

(Stote) Garrat Co.

Md.

DATE



MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18

**CERTIFICATE OF DEATH** 

6197

06189 Reg. Dist. No. /

	1, 5	PLACE OF DEATH O. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE VID. b. COUNTY GRPET				
X	1	b. CITY OR TOWN (If outside carporate limits, write OURAL and air nearest town)	c. LENGTH OF STAY IN 16	Kitzmille	outside carporate fimits, write RURAL and Prural	give nearest town)		
3		d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION EVANS Nursing	address) Home	d. STREET ADDRESS Star rout	te	e. IS RESIDENCE ON A FARM? YES NO		
		NAME OF DECEASED Thomas First (Type or print)	William Widdle	Beeman	4. DATE OF June Month	14 <sup>00y</sup> 156		
	1	hitale White Widows		B. DATE OF BIRTH 19Nov. 1877	7 last that yes. Months	Days Hours Min.		
	13		oal Mine	USTRY 11. BIRTHPLACE (S1010) Maryland		S.A		
	13.	George Beeman	JALIE.	Eliza Gre				
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 10   (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	ohn Beeman-I	Deerpark, Md.			
		PART I. DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	e for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH		
		Canditians, if any, which	trioseler	oke cardio	rascular diseas	e 2 425		
		gave rise to immediate case (a), stating the under- lying couse last.	rebial forme	mhage		5 mo.		
)	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO C		
		20g. ACCIDENT WAS UNDERLYING A 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in P	Part ( or Part II of item 18.)			
	MEDICAL	Hour o. m. While	Not while of work	PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.	, 20f. (City or town)	(Caunty) (State)		
		21. 1 certify that I attended the decease alive an 19 3 19 3 ACTUAL SIGNATURE CITY ALIVE TO SIGNATURE		th accurred at 834	M, from the causes and an taponess (Street, city or town, state) and Md			
		PHYSICIAN'S NAME (Type)						
	220	BURIAL, CREMATION, 22b. DATE THEREOF 6/17/56	Turner Cem		Garrett Ct.	(Stote)		
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	740. REC'I	DAY REGISTRAR 245. REGISTRAR'S SI	GNATURE		

6

TO FUNER DIRECTOR
page 3 should be d
the registrar prior to

DECEIVED

BUREAU V. S.

NO PART OF BUILDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

e. 15 RESIDENCE

Doy

IF UNDER I YEAR IF UNDER 24 HRS

U.S.A.

(County)

4that I last saw the deceased

Hours

INTERVAL BETWEEN ONSET AND DEATH

mel

PERFORMED? YES NO

(State)

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

ON A FARM?

YES INO

Year

19 56.

Min.

GRAJIT

Months

HTABO - O STAURITHO

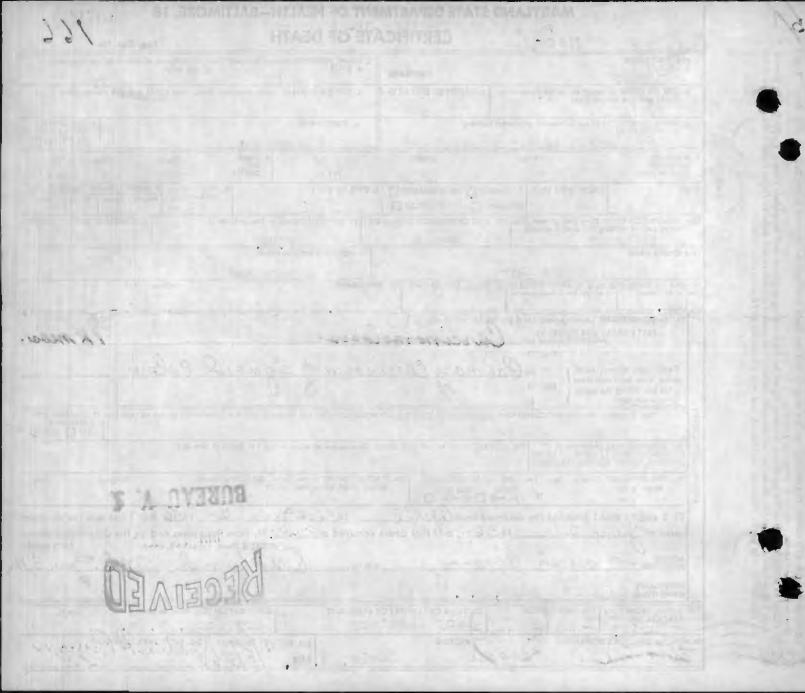
BUREAU V. S.

JUN 28 1956

BECEINED

Buggan Sweeten Readers Comerciny WERE

CAKLAND MIN



D. CITY OR TOWN [If outside corporate limits, write RURAL and give a PART LITTON (If outside corporate limits, write RURAL and give a RURAL and give a DUNCAN  49 hours  DUNCAN  d. NAME OF HOSPITAL (If not in hospitol, give street address)  JOAR NOSTITUTION  GARRETT COUNTY MEMORIAL HOSPITAL  3. NAME OF First  MONTH WILLIAM  S. SEX  J. COLOR OR RACE  HOWARD  NO DEATH  WHOWED  DIVORCED  JULY 10, 1906  JULY 10, 190	earest town)  o. IS RESIDENCE ON A FARM? YES NO	73x . 2		outside corpo	c. CITY OR TOWN (IF	c. LENGTH OF STAY IN 1	outside corporate limits, writ			161
CAKLAND  d. NAME OF HOSPITAL (If not in hospitol, give street oddress)  GARRITT COUNTY MEMORIAL HOSPITAL.  3. NAME OF PORTION OF PICK (If years of period)  GARRITT COUNTY MEMORIAL HOSPITAL.  11. O SYCAMORE  11. O SYCAMORE  11. O SYCAMORE  11. DATE  Month  COLGAN  DEATH  JUNE  12. CHIZEN  MALE  WHITE  WHOWARD  DIVORCED  DIVORCED  JULY 10, 1906  WHITE  WHOWARD  DIVORCED  JULY 10, 1906  Month  Days  Month  Days  Month  Days  Month  Days  Month  Death  PART (I. DEATH WAS CAUSED BY, IN U. S. ARMED FORCES? (It years of retired)  NO  DIVORCED  JULY 10, 1906  JUL	YES NO Year		73		DUNCAN		crest fown)	BURAL and give a		
OR INSTITUTION GARRETT COUNTY MEMORIAL HOSPITAL  3. NAME OF DECEASED First Middle Lost 4. DATE OF DECEASED (Type or print) HOWARD WILLIAM COLGAN DEATH JUNE 1. S. SEX 6. COLOR OR RACE 7. MARRIED DIVORCED JULY 10, 1906 9 PEATH JUNE 1. MODIFIED DIVORCED JULY 10, 1906 10st birthdoy) Months Doys Mo	YES NO Year							OAKLAND	L	X
DECEASED (Type or print)				MORE				OR INSTITUTION		70
S. SEX    G. COLOR OR RACE   7. MARRIED	1956	nth Day	Month	4. DATE	Lost	Middle	First	NAME OF DECEASED	3.	
MALE  WHITE  WIDOWED  DIVORCED  JULY 10, 1906  Lost birthdoy)  Loy yrs.  Months  Doys  Months Doys  Months  Doys  Month  Doys  Months Doys  Months  Doys  Months  Doys  Months  Doys  Mo			O OTATE		COLGAN	MALLIIW		(Type or print)	L	
ID. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  OIL FIELD SUPPLIES  OHTO  INTER  13. FATHER'S NAME  ABNER JAMES COLGAN  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If year, give work or date of service)  NO  16. SOCIAL SECURITY NO. (If year, give work or date of service)  17. INFORMANT  Address  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: (IMMEDIATE CAUSE (o))  IMMEDIATE CAUSE (o) Myocardial infarction, acute  ON  ON  ON  ON  ON  ON  ON  ON  ON  O	Hours Min.	Months Down	9. AGE (In years IF I		8. DATE OF BIRTH		6. COLOR OR RACE 7, M.		S.	
MANAGER  13. FATHER'S NAME  ABNER JAMES COLGAN  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  NO  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Myocardial infarction, acute  Conditions, if any, which gove rise to immediate couse (b) Acute cardiac failure  DUE TO  Conditions, if any, which gove rise to immediate (c) Hypertensive cardiovascular disease.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Myocardial infarction 1954			49 yrs.	06			111111111111111111111111111111111111111	V.10-1-1-1-1		
13. FATHER'S NAME  ABNER JAMES COLGAN  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate costs (a), stoling the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Myocardial infarction 1954	OF WHAT COUNT	12. CITIZEN OF	country)	s or foreign co			no life, even if refired)	<ol> <li>USUAL OCCUPATION     during most of working most</li></ol>	100	
ABNER JAMES COLGAN  IS. WAS DECEASED EVER IN U. S. ARMED FORCES?  If yes, no, or unknown)  NO    (If yes, give wor or date of service)   16. SOCIAL SECURITY NO.   17. INFORMANT   Address	STATES	UNITED		The Real Property lies		LL FIELD SUPP	7			11
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address 16. NO  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate couse (b)  Acute cardiac failure  DUE TO  Conditions of the under lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Myocardial infarction 1954				NAME	14. MOTHER'S MAIDEN			FATHER'S NAME	13.	
Viola May Colgan   Duncan, Oklahor			SLATER	ELLE S					L	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction, acute  DUE TO  Conditions, if any, which gove rise to immediate couse (b) Acute cardiac failure gove rise to immediate couse (o), stating the under-lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Myocardial infarction 1954		lress	Address		NFORMANT			rs, no, or unknown)	15. 170	0
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Myocardial infarction, acute  420 1 DUE TO  Conditions, if any, which gove rise to immediate coess (o), stating the under lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Myocardial infarction 1954	na	Oklahoma	Duncan, C	an	ola May Colg	10-10-9296		No	L	C.
Due to  Conditions, if any, which gove rise to immediate couse (a), stating the under lying couse lost.  Part II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  Myocardial infarction 1954	TERVAL BETWEEN	INTE				ne for (a), (b), and (c).]			Г	
Conditions, if any, which gove rise to immediate cardiac failure  DUE TO  Codes (a), stoling the underlying course lost.  Part II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Myocardial infarction 1954	one-half				rction, acute	ocardial infa	H WAS CAUSED BY:	PART I. DE/		
gove rise to immediate costs (a), stating the under lying course lost.  (b) Hypertensive cardiovascular disease.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Myocardial infarction 1954								4201		
gove rise to immediate costs (a), stating the under lying couse lost.    Value   Costs   Costs	50 hours	50			ilure	ute cardiac i	y, which ) (b)			
Iying couse lost.   (c)   Hypertensive cardiovascular disease.							mediate Duran			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  Myocardial infarction 1954	3 vears	9	e.	disease	diovascular.	mertensive c				
Myocardial infarction 1954	19. WAS AUTOPS	YEN IN PART 1(0) 19	SE CONDITION GIVEN	INAL DISEASE	NOT RELATED TO THE TERM	ONTRIBUTING TO DEATH S	ER SIGNIFICANT CONDITION	PART II. OT	Z	
	YES NO					ion 1954	cardial infar	Myc	13	0
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)			rt II of item 18.)	Port I or Port	D. (Enter nature of injury in		UNDERLYING 206.	20g. ACCIDENT W	HE	
							MEDICAL EXAMINER)	(IF EITHER, NOTIFY		
	r) (State	(County)	ly or lown)	m, 20f. (City	ACE OF INJURY (Home, for		,,	1	CAL	
Hour o. m.  While Not while factory, street, office bldg., etc.)  p. m.  19 of work of work				-1	clory, street, cities blog., e				ME WE	
21. I certify that I attended the deceased from June 12th, 19 56, to June 14th 19 56, that I last		5 that I last on	th 10.56 "	me 14	10 56 to J	ed from June 12	at I attended the dece			
alive on June 14th. 1956, and that death accurred at 7:10 PM, from the causes and an the di	tout the decom	2.,HIGH I 1021 20.	- Hannaman	Pu	7:10	66 and the total	e 1/th.	/ / / /		
ADDRESS (Street, city or lown, stote)	saw the decea	وبالديناة بتماليت			accorded of france	, und mar dec		GILLE OIL TATA		
1 SIGNATURE Sum (d. Jeneter of M.D. 58 2 - St Robert war J	ate stated abo	and an the date	Street, city or town, stoke			* X	40	ACTUAL /S		1
SIGNATURE AND M.D.	ate stated abo	and an the date	Street, city or town, stoke	AUDRESS (SI	58 2	add and all				
MYSICIAN'S JAMES H. FEASTER, JR., M. D. 58 2nd. ST., OAKLAND, MD.	ate stated abo	and an the date	Street, city or town, stoke		M.D. 58 2	selve of	(7 -	SIGNATURE	1	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	ate stated abo	and an the date stole)  Lucy Jur	Street, city or town, state S. L. Call	- 4 3	58 2nd. S	1, JR., M. D.	AMES H. FEAST	PHYSICIAN'S		
Removal" 6/15/1956 Via Air Transportation to Duncan Oklahor	ate stated abo	and an the date state)  Lux Jur D.	Street, city or town, state SL Call	T., OAF				PHYSICIAN'S NAME (Type)	22/	

CERTIFICATE OF DEATH

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The same and the s

BUREAU V.

JUN SO JOSE

BECEINED

director, the third

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NSTRUCTIONS

certificate has been executed by the attending physician and completely death certificate assembly should be detached for use as a burial transit per TO FUNERAL DIRECTOR: The law requires that the death certificate be filed

VS A15C 1-55 10M~

be retained by the hospital or attending physician.

The bottom copy 3

## CERTIFICATE OF DEATH 6201

Reg. Dist. No. 17 2

COUNTY GARRETT MARYLAND	MARYLAND GARRES	PT
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR TOWN RATE OF STAY OF STAY	CITY (It outside corporate limits, write RURAL end give nearest OR KITZMILLER	lown)
HOSPITAL OR INSTITUTION OR STREET ADDRESS E. MAIN STREET	STREET (If rure) give locetion) ADDRESS CHURCH STREET	A
(1) (1) (1) (1)	AVIS 4. DATE (Month) (DEATH JUNE)	2) (Y•1) 56
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	EAR IF UNDER 24 HRS. Hours Min.
done during the life, even if OWN HOME C	ross, inneral co., W. Va.	ODVIRVI
HENRY LEWIS SIMON	14. MOTHER'S MAIDEN NAME MARGARET ELLEN SMITH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Y	Mrs.Louise Banning, Kitzm	iller, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  HANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	and Sampens	INTERVAL BETWEEN ONSET AND DEATH 2 Charge Charge
DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING   21b. PLACE [Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.] [IF ETHER, NOTIFY MEDICAL EXAMINER]	c. WHERE DID INJURY OCCUR? (City or town) (County)	(Steta)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Nos white et work et work	II. HOW DID INJURY OCCUR?	
alive on	50PM, from the causes and on the date stated at ADDRESS (Street, city, town, stell)	saw the deceased bove.
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 6/5/56 Nethken Hil		(State)
24. REED BY REGISTRAR REGISTRAR'S SIGNATURE  DATE FEELL 456 AUBaniel	25. FUNERAL DIRECTOR'S SIGNATURE ADDI	



1				MARYLAND	STATE DEPAR	TMENT OF HEALTI	H-BALTIMORE, 1	06194
( FR			(	5202	CERTIF	ICATE OF DEATI	4	Reg. Dist. No. 66
director led vist		ī.	PLACE OF DEATH  O. COUNTY  GARRETT		MARYLA	A STATE	here deceased lived If institution b. COUNTY	n: Residence before admission)
to day	ي	Г	b. CITY OR TOWN (If outside RURAL and give nearest toy		c. LENGTH OF STAY IN		outside corporate limits, write RU	
h 4 2	X	_	OAKLAN	D	lli Days	OAKLAN	D	'n
the at 2 she as 3 she	70		d. NAME OF HOSPITAL (If no OR INSTITUTION			d. STREET ADDRESS	Charach	e. IS RESIDENCE ON A FARM? YES NO-FT
ë ë		-	RRETT COUNTY	First	Middle	Utl Second	4 DATE Most	
illed es 1			DECEASED (Type or print)	JOHN	WESLEY	DAVES	OF DEATH JUNE	2 1956
ely f		5.	SEX 6. COL	OR OR RACE 7. MARE	NEVER MARRIED		9 AGE (In years last birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Haurs Min.
red v		10		WIDOWI		_   -4  -	79 yrs.	
con pap	/	,   '°	. USUAL OCCUPATION (Give during most of working life,	even if retired)	KIND OF BUSINESS OK		or foreign country)	12. CITIZEN OF WHAT COUNTRY
ond rbon		13.	FATHER'S NAME			Naryland 14. MOTHER'S MAIDEN	NAME	U. S. A.
ician e co			John M.	Davis		Philson,	Eleanor	
phys mov hour	3		WAS DECEASED EVER IN U. S	S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17 INFORMANT	Addre	oakland, Md.
th ce Jing se re n 72	¥	=				"Wife" Mrs. Sa	rah Ruth Davis,	
dea hence plea withi			1B. CAUSE OF DEATH [Ent		ne for (a), (b), and (c).]	humania.	10-	ONSEL AND DEATH
the of	-		350 X IMMEDI	DUE TO	muno!	premiona,	rounna of	Spayo
# 4 + 6	(I)		Conditions, if ony, which	6.1.	Kuson	· Disease		10 Gears
wires Sperm			gove rise to immedia cosse (a), stating the unde	ie Courto	40	~		1/2
ion. en sit		_	lying cause last.	(c) Ks	lerio Sele	laper		Todas
hysical hysical selection wol.		CERTIFICATION	PART II. OTHER SIGN	IIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	PERFORMED?
ng pe ho boric		THE	20g. ACCIDENT WAS UNDE	RLYING 20b. DES	CRIBE HOW INJURY OCC	CURRED. (Enter nature of injury in	Part I or Port II of item 1B.)	YES NO
Ficat ficat ficat ficat			OR CONTRIBUTING CAU	SE OF DEATH L EXAMINER]				
YSIC ar att		MEDICAL	20c. TIME OF INJURY Mont	h, Day, Year 20d. II While	NJURY OCCURRED 2	De. PLACE OF INJURY (Home, fare factory, street, office bldg., etc.	20f. (City or town)	(County) (Stole)
ital chis or us		× ×	p. m.	19 at wor	k al work			
After Fed F			21. I certify that I at	tended the deceas				that I last saw the deceased
AH 4			alive on A Sau	, 191	in and that d	leath occurred at 10:05	AMA, from the causes as ADDRESS (Street, city or town, s	nd an the date stated above
ECT OF OF OF 15	1		ACTUAL SIGNATURE	druv ?-	Phane	un aalda	and Mid	3 km 56
o a o			PHYSICIAN'S	/				0
Sho sho			NAME (Type) Andre		M. D.		Maryland	
HOS PUNE Be 3		22	BURIAL CREMATION, 226. REMOVAL (Specify) BUI 181. 6	DATE THEREOF /5/1956	Onla ond	ERY OR CREMATORY  Cemetery	22d. LOCATION (City, town, o	
5 5 9 5		23	FUNERAL DIRECTOR'S SIGNA		ADDRESS		Oakland Mo	TRAR'S SIGNATURE
YS ATS (4) 15M 9/55	V)	X	leskest (2)	teu tilo	u Oal	cland, Md DATE	15/1956 Jule	The Many of
	103	-		·				

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

after Beath. Pgg2 4

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## 6203

correct age

item of information carefully the causes mf demth clearly and

PLEASE WRITE PLAN, LY, WITH UNFADING INK. Supply ever is especially important. Physicians: please write the

Tane 1 7 (Date rec'd by registrar) 19 fb

MARGIN RESERVED FOR BINDING

VS A15

CERTIFICATE OF DEATH

					Rog. Dist. No	**************
1. PLACE OF D	EATH:		•	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
County Garre	Commence of the Commence of th	, D,,,	ral West	Many land	Garrette	
City or town	lendsville	nuts scrite	RURAL and give nearest town)	State Maryland Court	Garrette	West.
Bau lane In about alor	ce of death?	yrs	Sive mearing towns	City or town FFTEITIBVILLE	write RURAL and give ne	arest town)
Hospital, institution, o	or street address where	leath occurre	d:	11 -	W	est
			*****	Sireel No(If rural, give		
How long in hospital	or Institution?			2.(a) If veteran, name war	*****	.4.5
3. (a) FULL NAM					3. (b) Social Security	Namber
					3. (b) Docial Becasily	Mamoer
	James Fra:		le, married, widowed, or divorced			
4. Sex				MEDICAL CE	RTIFICATION	
Male	White		Married	20. DATE OF DEATH Dune 14	19.56	!, al
	13 e 551e	Detr	ick	21. I CERTIFY that death occurred on the date about	re stated: That I attended dece	eased from
6.(b) Name of husban			,	0 -1	4 10 Juna	
1. Birth date of	35		(c) If alive, give age years	and that I last saw h. acoonalive on	22	19.56
deceased (mo., day	, <sub>v.</sub> May I	1001		Immediate cause of death.		OURATION
8. AGE: Yea	rs Months	Days	It less than one day	Cl a house	arditis	3 4000
80	y4				THE THE PERSON NAMED IN COLUMN	y
	Maryland		<u> </u>	a Colemans less	-04-0	5 4RG-
g. Birthplace	(Town,	county, and	state)	Due 10		
an House engagestion	Farme	r				* *************************************
				Due to		
11. In stry or busine	Jermiah F	razee			***************************************	*
12. Name			, hadden	Other conditions		
	Marylan			(Include pregnancy within 3 m	onths of death)	
盖, 14. Malden nami	Hallie	Royer		l i i i i i i i i i i i i i i i i i i i		
14. Malden nami	Maryla	nd		Major findings of operations		***************************************
= 1 15. Birthplace	12042 ) 12 11				Date of op	
16. Informant		3.3.		Antopsy results		statistically.
Address	Friendsvi	<u>†16</u>				
	urial	Date the	June 26 1956	22. VIOLENCE: If death was due to external cause		
(Burial, crematic	on, or removal. Which?)	mand me	(month) (day) (year)	Accident, suicide, or hemicide	Bate et	()()0)44+81444+4111+1+14141777-1
Cometery or crema	Sands	burns	,., ,	Where did injury occur? (City or town)	(County)	(State)
1 61-				Injured at home, farm, industry, public place (wh	ere?)	
Location		mnod	***************************************	Means of Injury	(njured at work?	
18. Funeral director.	_	4 9 9	VIT 97 A		100	
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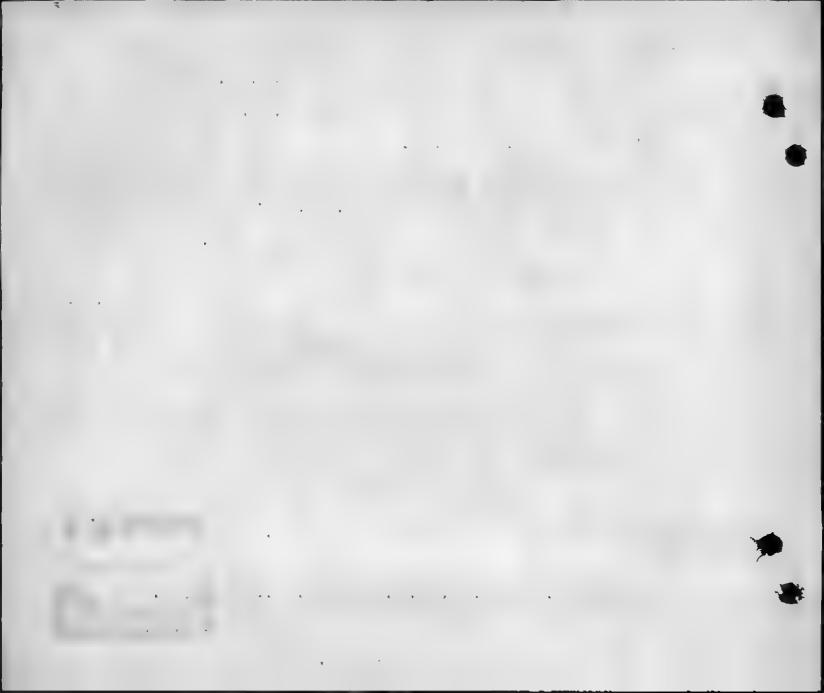
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (16198)
4 25	6206 CERTIFICATE OF DEATH  Reg. Dist. No. /66
Page director	1. PLACE OF DEATH o. COUNTY WARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTGATTET b. COUNTGATTET b. COUNTGATTET
death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Carland,  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RUBAL and give nearest town)  Rural Gorman
s after by the d 2 shor	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Evans Nursing Home  d. Street address  e. 15 RESIDENCE ON A FARM? YES NO
filled in 24	3. NAME OF DECEASED (Type or print) George Wilson Harvey DEATH June 20, 1956
Pag /	5. SEX 6. COLOR OR RACE White Whowed divorced Dec. 13, 1876 9. AGE (in years lost-bighday) Months Doys Hours Min.
executed an papers.	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Warmer  12. CITIZEN OF WHAT COUNTRY?  Waryland  U.S.A.
sician al	Benjamine F. Harvey  Christina Stilley
certifica ng physic remove 72 hours	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO  (If yes, give wor or dates of service)  NO  Wayne Harvey  Gormania, W. Va.
he death e attendi	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o), SHANDA LON  2 77703.
ires that t ned by th ermit. Th n any eve	Conditions, if ony, which gove rise to immediate put to Canada Trustone the under the the
ician. ician. een sig ransit p f, and ji	lying couse lost. (c) Austicular distribution 7000
The long physics has burial-tremava	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?  VES NO SEED OF CONTRIBUTING CAUSE OF DEATH  USE OF CONTRIBUTING CAUSE OF DEATH
SICIAN attended certifical os the tian, ar	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
pital ar pital ar er this c for use cremal	Hour a. m. p. m.  19 While Not while of work o
the has the has After ed Currol,	alive on
OR AT	ACTUAL COLOR 14 CENTE M.D. 58 2-1 3+ ORICH & GEO. S.
OSPINE V be JNERAL JOERAL JOERAL Fegistrar	PHYSICIAN'S NAME (Type) JAMES H. FEASTER, JR., M.D. 58 2ND. ST., OAKLAND, ND.  220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY . [22d. LOCATION (City, town, or county)] (Stole)
nay b TO FUN Poge The re	Burial 6/23/1956 Oak Grove Cometery Garrett County, May  22, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. RECISITION CITY OF REGISTRAR CAD. REGISTRAR SIGNATURE
VS A15 (4) 15M 9/55	terler C. Leighton Oakland, Md. DATE 1/23/5 Cylinder

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1	MAKTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 15 ( 58	6207 CERTIFICATE OF DEATH  Reg. Dist. No. 766
Page iled Ail	1. PLACE OF DEATH  o. COUNTY  Dave the Maryland  2. USUAL RESIDENCE (Where deceased lived If institution) Residence before admission)  o. STATE  b. COUNTY  faull  o. STATE
XX	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  RURAN and give nearest Appen)  C. LENGTH OF STAY IN 1b  RURAN and give nearest Appen)
d 2 should	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  ON A FARM?  VES NO P
filled in	3 NAME OF DECEASED (Type or print) SESSE G Middle Lost Lost OF DEATH JUNE 4 1956
pletely rs. Pop	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED OF BIRTH  WIDOWED DIVORCED DIVORCED NEVER MARRIED DIVORCED NEVER MARRIED DIVORCED NEVER MARRIED MONTHS Days Hours Min.
execute nd cami n pape death.	100. USUAL-OCCUPATION (Give kind of work done 186- KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
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ng physie remove	18 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ANEOMANT Address (Address Parallel Para
attendi on pleas within	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
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signed by damy	Conditions, if ony, which gove rise to immediate cards (a), stoling the under-lying couse lost.
hysicion s been sl-transi val. on	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
AN: The nding p cate ho be build or remo	YES NO 2200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INVIVEY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  OR FEITHER, NOTIFY MEDICAL EXAMINER)
HYSICIV I or after its certificities os the mation,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 of work of work of work
bospito hospito Affer th fed for iof, cre	21. I certify that I attended the deceased from 1-31, to 6-4, 19-5 (that I last saw the deceased
CT of the point of	alive on 3 — 3 — , and that death occurred at 1. M, from the causes and on the date stated above.  ADDRESS (Street, city or town, stole)  DATE SIGNED
Sould be	PHYSICIAN'S TELUCAY M.D. CAVIDAD
OSPITA VY Be UNERA Be 3 sh	220. BURIAL, CRAMATION, 229. DATE THEREOF 22c NAME OF CEMETERY/OR CREMATORY 28. LOCATION (City Iown, or county) (Stote)
D C C C C C C C C C C C C C C C C C C C	23_FUNERAD DIRECTION'S SIGNATURE LUCEUR TOPRES WALLES LAND LONG 24G. RECTO BY REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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director with	1. PLACE OF DEATH 0. COUNTY Ga	rrett		MARYLAND	I o. STATE	Where deceosed	E COUNTY IN	esidence before admissiones ton	on)
i M	b. CITY OR TOWN ( RURAL and give n  Oak land	If outside corporate limits earest town)	, write c. LENGTH OF	STAY IN 16		If outside corpor		L and give nearest town)	· n
by the f	d. NAME OF HOSPI OR INSTITUTION Callie E	TAL (If not in hospitol, giver the range of the range)	ne street address)		d. STREET ADDRESS			e. IS RESII ON A YES	FARM?
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Pages 1	5. SEX	6. COLOR OR RACE	7. MARRIED   NEVER	MARRIED	B. DATE OF BIRTH		9. AGE (In years TE)	INDER I YEAR IF UNDER	
. au	Female			VORCED [	Feb. 18, 1			onths Days Hours	Min.
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9 % 2	13. FATHER'S NAME				14. MOTHER'S MAIDE	N NAME			
s of c	John	D. Murdoo	k		Sarah	Bowen			
ag physician remave cor 72 havrs aft	15. WAS DECEASED EVE [Yes, no. or unknown)	R IN U. S. ARMED FORC (If yes, give wor or dates of ser			ohn C. Murd	ock, Kár	Address	/A.	
by the attending it. Then please a reference within 72		ATM [Enter only one country WAS CAUSED BY: IMMEDIATE CAUSE (o), DUE TO	se per lun for (a), (b), o	Sep	hedbyl	Way Je	rohd S	INTERVAL BET	WEEN DEATH
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of be di	ACTUAL SIGNATURE	29 Da	unger the	<u> </u>	M.D. Alder	ADDRESS (St	reet, city or town, stote kland, Mary	) DAT	TE SIGNED
Houl Fran	PHYSICIAN'S TO NAME (Type)	-1. BAU1	DEPICTN	ER					
[ [ [ ] [ ] [ ] [ ]	220. BURIAL, CHEMINA REMOVAL (Specify	June 6, 1		F CEMETERY OF		Iron	ton, City, town, or co	unty) (State)	
VS A15 (4) 15M 9/55	23 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS Kin	gwood,		6/5/19!		R'S SIGNATURE	TH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 6211 Reg. Dist. No. illed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. SIATE Wary Land Garrett b. COUNTYGarrett MARYEAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUNA cod give neorest towal mania. W. Gormania. W. Va. d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED 4. DATE First Middle Lost Month Yeor OF DEATH Mary Helen REPETSKY June 12,1956 (Type or print) 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH female white Jan.31,1883 WIDOWED-1-1 DIVORCED T popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if relired) 12. CITIZEN OF WHAT COUNTRY? Lithuania USA Housewife carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Adam Satkiok Mary (unknown) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO or unknown) None Cleteus Corbin. Gormania.W.Va. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** cotse (o), stoting the underlying couse lost, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO FA 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) a. m. While Not while of work of work That I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at !! . fram the causes and an the date stated above. ADDRESS (Street, city or town, stole NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) HEMOWAL (Specify) Catholic Cem. Thomas West 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REQID BY REGISTRAR Thomas, V5 A15 (4) 1SM 9/55

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1		-1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (162(13)	
6 A E			6212 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	6
should remotic	. ~		1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission)	
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Losso Control	(1)	싰	b. CITY OR TOWN (If outside corporole limits, write RURAL ond give neorest town)  c. CITY OR TOWN (If outside corporole limits, write RURAL and give neorest town)  WESTERNPORT	
ctor.	2	1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  a. IS RESIDE ON A FA	RM?
or pr		ŀ	3. NAME OF First 1 Middle talt 4. DATE Month Doy Year	· <u> </u>
ny de nnero your sgistn			3. NAME OF DECEASED (Type or print) WILLIAM SEPH (SS) DEATH (SS) DEATH (SS) 19 -	56
the first differ the re-			5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH P. AGE (In years leat birthsgr) Months Days Haurs Min	
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ond 2	٦	归	STUDENT HISCHOOL WESTERWPORTINDU. S. A.	P
es 1, 2,			13. FATHER'S NAME EDWIN ROSS FRANCIS M. BARRICK	-
24 ho			15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
Signal Si	Ę	Ì	215-36-8814 EDWIN ROSS WESTERWPORT	MI
18. 18. m ■M ermit			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  [IMMEDIATE CAUSE (a)]  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  [IMMEDIATE CAUSE (a)]  [IMMEDIATE CAUSE (a)]	11/5
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s be cold in a substruction			Conditions, if ony, which gove rise to immediate couse	
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Col Es	1	4	Bour While Not white Jactory, street, office bldg., etc.)	tate)
AMB ing tr ing tr redis			21. I certify that I took charge of the remains described above held an Autopsy [], Inspection [], Inquiry [], and find	that
N THE STATE OF THE			death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined cause .	
incote the track	-	?	ACTUAL SIGNATURE AND CHIEF MEDICAL EXAMINER [] DATE SIGNATURE	19
ALD O	4		ASSISTANT MEDICAL EXAMINER []	56
Word UNER		-	NAME (Type) / 4+ (CVN 1+5 /- LUSBY " DEPUTY MEDICAL EXAMINER BY	
10 to			The Removal (Specify) 6-11-56 PHILOS WESTERWPORT, M. D.	
V\$. A15ME(5)			23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'DAYREGISTRAR'S SIGNATURE	~
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7			MARYLAND STA	TE DEPARTMI	ENT OF HEALTH	-BALTIMORE, 1	8 06204 /
* 1°			6213	CERTIFICA	TE OF DEATH	1	Reg. Dist. No.
director,	-		I. PLACE OF DEATH o. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Maryland	b COUNTY	arrett
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ofler y the fu 2 shoul		,	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	yrs.	d. STREET ADDRESS	TTTO	e. IS RESIDENCE ON A FARM?
d in b		-	Cuppett Nursing Home  3. NAME OF DECEASED First	Middle	last .	4. DATE Mani	
hin 2 y fille 'ages		-	(Type or print) Marie Ly  5 SEX 6. COLOR OR RACE 7. MARRIED [	dia	Schroyer  B. DATE OF BIRTH	9. AGE (In years	24, 1956
od wit pletel rs. P			Female   White   widowed	DIVORCED [	Jan. 29, 190	03 Sat birthdoy)	Manths Days Hours Min.
execute and cam offit-pape death.	*	4		F BUSINESS OR INDUS ult life	Mar ylaı	nđ	U.S.A.
ion of		- [	Thomas J. Schroyer		Minnie Ma		
certificate g physicia remave	_	^	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no, or unknown) (If yes, give wor or dotes of service)		iformant	Friendsvi	
that the death by the attending. It. Then please			1B. CAUSE OF DEATH [Enter only one cause per line for (a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FIRST STATE OF THE PART OF THE P		ys hojahy		INTERVAL BETWEEN ONSET AND DEATH HOUSE
cian. en signed t ansit permit and in any			Canditions, if any, which gave rise to immediate costs (a), stating the <u>under-lying cause last.</u> Canditions, if any, which gave (b)  DUE TO  (c)  Consultations (c)	NUMBER OF STATES OF THE STATES	NOT DELAYED TO THE TEALIN		
he lav physi nas be nial-tro			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	OTHER DEATH BUT	NOT REDATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	PERFORMED?  YES NO P
IAN: T lending ficate t the bu			20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DW INJURY OCCURRED	. (Enter nature of injury in Pe	art 1 or Part II of item 18.)	
PHYSIC al ar all this certi r use as			20c. TIME OF INJURY Month, Day, Year 20d. INJURY C Havr a. m., While No of work at at	t while fac	CE OF INJURY IHome, form, lary, street, office bldg., etc.)	20f. (City or town)	(County) (State)
ATTENDING d by the haspit ECTC ter ler be de 1 for or to burial, or		,	21. I certify that I attended the deceased from olive on June 19, 1956.  ACTUAL SIGNATURE Influe F. Joues	and that death	occurred ot 11:00	M, from the couses at posts (Street, city or town, s	that I lost saw the deceased and on the date stated above.  DATE SIGNED
RAFORS			PHYSICIAN'S Arthur (F. Jones		0ak la r	nd, Md.	
May be FUNES page 3			PEMOVAL (Specify)	AME OF CEMETERY OF	crematory se Cometer	22d. tocation (City, town, o	No.
VS A15 (4)	A34		23. JUNERAL DIRECTOR'S SIGNATURE AS	oress Oakland,	24a. RES'D		TRAR'S SIGNTATURE
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND Pennsylvania G arrett b. CITY OR TOWN (II outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give rearest lowel Oakland hour Turtle Creek d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Garrett County Mem. Hosp. Flizabeth Ave 3. NAME OF Fint 4. DATE Month Year DECEASED June 8 1956 (Type or print) DEATH TOTAL . Sleightholm 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TI 8. DATE OF BIRTH 9, AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 78 Months Hours Feb. 5, 1878 WIDOWED [7] DIVORCED T Mala 100 USUAL OCCUPATION (Give kind of work done) (the Kungof susiness grands to Birthplace (State or foreign country) during most of working life, even if retired)

Retired Factory Foreman Factory Oldham, England 12. CITIZEN OF WHAT COUNTRY? Oldham, England U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Sleightholm Mary Morris 40 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address 5705 Amy Sleightholm, As above 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Probable Coronary hours IMMEDIATE CAUSE (o) olong with far Leurial-tronsit p HOLUN **DUE TO** Conditions, if any, which (b) Infirmity of Ace gove rise to immediate couse DUE TO (a), stating the underlying cause lost. pending" in iner's Office of PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPS Y PERFORMED? used NOL 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18 ) PRIMARY | or CONTRIBUTING | No injury 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year i 20f. (City or fown) (County) (State) factory, street, affice bldg., etc.) Not while p. m. at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection K., Inquiry KI, and find that Accident , Suicide , Homicide , Undetermined cause , at death resulted from: Natural causes ). to the DATE SIGNED ACTUAL SIGNATURI CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER FUNERAL DEPUTY MEDICAL EXAMINER DE Thomas F. Lusby M.D. NAME (Type) HERMOGREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 0 **/1956** Churchhill Cemetery Wilkins Township Penna. **ADDRESS** 23 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 26. EPGISTRAR'S SIGNATURE VS. A15ME(S) Oakland. Md DATE 6 5M 9/55

- 1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	20119
* ··= ·	F/4	6215 CERTIFICATE OF DEATH Rog. Dist. N	2/12
Page director led with		1. PLACE OF DEATH a. COUNTY MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution: Residence below. STATE b. COUNTY b. COUNTY	fore admission)
death:		b. CTIVOR TOWN (If outside corporate limits, write RURAL and give RUPL) and give regress town)  Calculated  C. LENGTH OF STAY IN 15  C. CITY OR TOWN (If outside corporate limits, write RURAL and give)	egrest town
ofter by the 1 1 2 show	,	d NAME OF HOSPITAL (If not in hospital, give street address) OP-INSTITUTION  CURSOLI Musina Home  4 14 Parks	e IS RESIDENCE ON A FARM? YES NO
24 H Hed in		(Turk or print)	Day Year 7
d within letely fi s. Page			R IF UNDER 24 HRS.
d camp n paper death.	1	No. USUAL OCCUPATION OF THE PROPERTY OF THE PR	OF WHAT COUNTRY!
cion on corbor		13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. FATHER'S NAME	
certifica g physic remove 72 hours	6	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Tos. no. by unknown) (If yes, give wor or dates of service) 2/4-12-83978 Was Dealer Work of Control of Service)	2654
attendir pleose		PART I DEATH WAS CAUSED BY.	TERVAL BETWEEN
es that the ed by the rmit. Ther	I	IMMEDIATE CAUSE (0)  DUE TO  Conditions, if any, which  gove rise to immediate  (b)  Cauges five Heart failure	1 42
ion. ion. en sign nsit pe		couse (o), stating the <u>under-lying cause lost.</u>   Column   Colum	
The fow physic has be riol-tra	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO 1
CIAN: Trending History in the bu		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 of Port II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSI lal or a this cert r use as		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. st. Ph. Mile Not while of work of work of work of work of work of work	(Stole)
NDING e hospil After del fo		21. I certify that I attended the deceased from Final 4, 1956, to 1956, to 1956, that I last salive on 1956, and that death occurred at 1961 M, from the causes and on the deceased from the deceased from 1956, and that death occurred at 1961 M. from the causes and on the deceased from 1956, and that death occurred at 1961 M. from the causes and on the deceased from 1956, and that death occurred at 1956 M. from the causes and on the deceased from 1956 M. from the causes and on the deceased from 1956 M. from the causes and on the deceased from 1956 M. from the causes and on the deceased from 1956 M. from the causes and on the deceased from 1956 M. from the causes and on the deceased from 1956 M. from the causes and on the deceased from 1956 M. from the causes and on the deceased from 1956 M. from the causes and on the deceased from 1956 M. from the causes and on the deceased from 1956 M. from the causes and on the deceased from 1956 M. from the causes and on the deceased from 1956 M. from the causes and on the deceased from 1956 M. from the causes are the causes and on the deceased from 1956 M. from the causes are the causes and on the deceased from 1956 M. from the causes are the causes are the causes and on the deceased from 1956 M. from the causes are the cause	
R ATTE	/	ACTUAL SIGNATURE Primer J. James M.D. Dak Sand June	DATE SIGNED 6-6-56
RAY Oll		PHYSICIAN'S Arthur F Jones.	
may be r FUNER, poge 3 sl		220. BURIAL CREMATION 226, DATE THEREOF / 22c. NAME OF CEMETERY OR CREMATORY PROPOSAL (Specify) 5/8/1956 Ooster Cemetery Pleasant Valley	(Stote)
VS A15 (4) 15M 9/55		25. FUNERAL DIRECTOR'S SIGNATURE (24b. REGISTRAR'S SIGNATION ) TOTAL CONTROL CONTROL (25 C ) TOTAL CONTROL CON	owan
	(		J 17

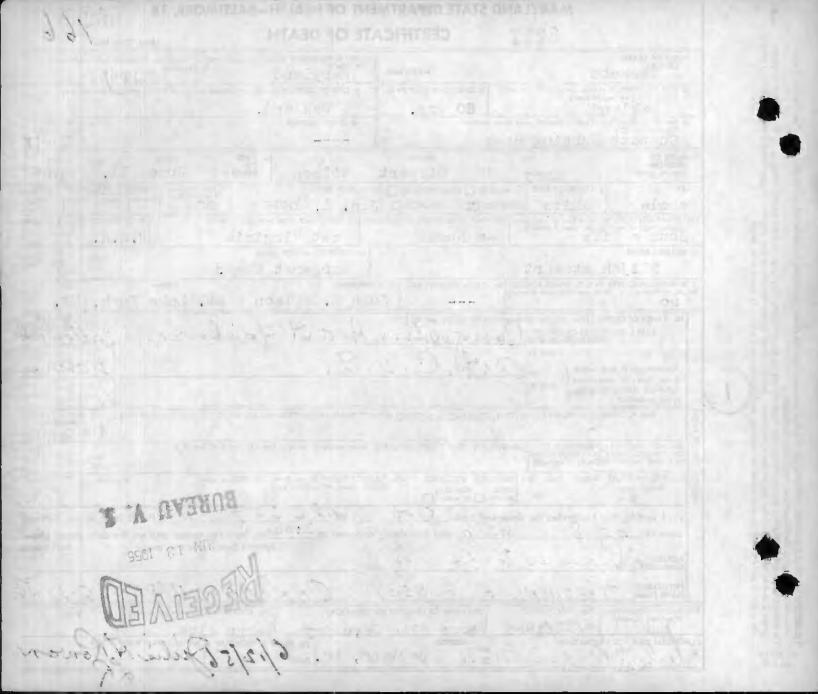
1 1 1

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06207								
\$. <b>3</b> g		6.9.4 MEDICAL EXAMINER'S CERTIFICATE OF DEATH								
ase es neufd   ematic	1.	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where Deceased lived. If Institution: Residence before admission)								
Ple		MARYLAND O. STATE / Cd, b. COUNTY . Zarr,								
Story Carlo		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTO OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL  RURAL								
for party (	17	NAME OF HOSPITAL OR INSTITUTION (If not in happitol, give street address)  o. IS RESIDENCE ON A FARM?								
Price Community	1	roule / -Walnut Botton 2 mol								
y de neral yaur gistra	1	NAME OF First Deceased (Type or print)  ADM 1/F-L A-1/G++ 1/C++ N/F-LL DEATH  DOY Year OF DEATH  ADM 1/F-L A-1/G++ 1/C++ N/F-LL DEATH  DEATH  ADM 1/F-L A-1/G++ 1/C++ N/F-LL DEATH								
If an life full for the re-	5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE/LY YOUR   IF UNDER 14 HKS.								
off.	Make Willwidowed Divorced Divo									
ond 2	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. STATHPLACE (State or foreign country)  112. CITIZEN OF WHAT COUNTRY 11. STATHPLACE (State or foreign country)									
-6.5%	13.	PATHER'S NAME 1 0 1 14. MOTHER'S MAIDEN NAME								
hour oges I bour poges	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT								
file P	(ye	, no, or unknown the you give war or dates of services — Leo Tichinell Avanton My								
PM3 PM3 rmit.		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSE AND GRAPH								
ecute farm farm sit pe	/	DUE TO 10								
be ell with Viron		Conditions, if ony, which) of Mossies / Que etc								
ould penci		gave rise to immediate cause (a), staling the underlying cause tast.  DUE TO								
in in fine of a second	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(m) 19. WAS AUTOPSY								
ading sed of sed	CATION	PERFORMED? YES \( \text{NO} \( \text{P} \)								
is cer iminer id be	CERTIFI	20a. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18)								
Shoul Shoul	WEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while No								
MIN age 3 the 3 th	×	p. m. 19 of work of work								
A Signal A		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .								
ICAL off		$\mathcal{X}$ $\sim \mathcal{D}$								
Tarific DIR		SIGNATURE NOWAS d. SUBTY M.D. CHIEF MEDICAL EXAMINER []								
Property of the second		EXAMINER'S THOMAS F. LISBY MID DEPUTY MEDICAL EXAMINER D								
Cute the forwards of FUNER or remove		BURIAL CREMATION. 225 DATE THEREOF TURNER COMMETERY OF CREMATORY R#1, Swanton, Garrett Co.Md.								
H H	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR'S SIGNATURE								
5M 9/55		Dot Sharkless Blaine, W. Va. DATE 6/14/56 CULL Bartick								
	X	(VVVVVXVV								



lst.

		621			RTMENT FICATE	OF DEAT		IIIIORE,	Reg. Dist. I	62/16	6
1,	PLACE OF DEATH o. COUNTY Garre	tt		MARY	LAND 2. US	JAL RESIDENCE (M Maryland	here deceased	l lived. If institut b. COUNTY	Garre		sían)
	b. CITY OR TOWN (I RURAL and give no	f outside corporate limi earest town)	ls, write c	LENGTH OF STAY		CITY OR TOWN (IF		ote limits, write I			n)
X	Oakla	nd		60 yrs.		Oaklar	nd,				X
10	or institution Cuppe tt	At (If not in hospitol, g  Nursing		dress)	d.	STREET ADDRESS				ON A	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Mary		Middle Stew		Wilson	4. DATE OF DEATH	Ju			Yeor 1956
	SEX		7. MARRIE	NEVER MARRI		OF BIRTH		9. AGE (In years lost birthday)	Months Doy		1
	emale	White	WIDOWED					80 yrs.			Min.
	Hous e W	ON (Give kind of work a king life, even if retired 1.10		Home	1	West Vi	rginia		U.S.A	OF WHAT	COUNTRY
13.	FATHER'S NAME	9- et t B				OTHER'S MAIDEN					
16		h Stewart				Margare	Chan	-			
	no. or unknown	(If yes, give wor or dates of a		CIAL SECURITY NO		M. Wils	on	Mt. Lal	ce Parl	c. Md	
	Conditions, if or gave rise to it code (o), storing lying couse lost.	mmediate (	as	A, C	, V,	ð.	Albai Dissass	- CONDITION OF	6	yea	ers
CERTIFICATION		S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)		BE HOW INJURY O					THE PART TO	PERFO	RMED?
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yes	While of work [	Nat while at wark		INJURY (Home, fare set, office bldg., et		or tawn)	(Caun	ty)	(Slate)
***	21. I certify the alive on Construction Signature	at I attended the	deceased , 195	-/	death occur	1977, to red at 1:55	ADDRESS (SI	the causes of the cause of	that I last and on the c state)	date state	decease ed abov ATE SIGNE
	PHYSICIAN'S NAME (Type)	THOMA	ts F	- LU:	SBY	OAK	LAN	10, M	19.	6-1	12-5
	BURIAL CREMATION REMOVAL (Specify) BURIAL FUNERAL DIRECTOR	6/13/19		Orna Al	ta Ceye	etery	Terra	ATTA.	W. Va	(Stol-	e)
15	lail D.	de Foi	staV-	- 00	kland.	Md DATE	1/2/1	-////	1014	10-4	



-	-,	6518	LAND	CERTIFIC	ATE OF DEAT		IMOKE, I	,	16211	56
1.	PLACE OF DEATH	GARRETT	1	MARYLAND	2. USUAL RESIDENCE (W	here deceased	lived. If institution b. COUNTY	Reg. Dist.		ision)
	b. CITY OR TOWN RURAL and give	(It outside corporate limi	WEST VIRGINIA B. COUNT GRANT  C. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town)  BAYARD							
	OR INSTITUTION	ITAL (If not in hospital, o	ive street o	emorial Hosp.	d. STREET ADDRESS BOX # 52				e. IS RE ON YES	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	ERNEST	rat	Middle FRANKLIN	Lost WOLFE	4. DATE OF DEATH	JUNE	th	Day	Yeor 19 56
S. :	MALE	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED DIVORCED	B. DATE OF BIRTH SEPT. 16, 18	370	P. AGE (In years last birthday) 85 yrs.	Manths D	YEAR IF UND	ER 24 HRS.
1	00 05 A R .	TION (Give kind of work orking life, even if retired MINER	dane 10b. 1	KIND OF BUSINESS OR IND	WEST VII	RGINIA	untry)		S.A.	T COUNTRY?
	WAS DECEASED EV	BENJAMIN T	tenina	SOCIAL SECURITY NO. 17.	ROBEY,	row B	Addr AYARD, W			
		g the under	3 4	Erlere o Sc	Throng	bone			109's	DEATH
CERTIFICATION	20a. ACCIDENT V	THER SIGNIFICANT CON VAS UNDERLYING I IG II CAUSE OF DEATH FY MEDICAL EXAMINER)			IT NOT RELATED TO THE TERM			EN IN PART I	(o) 19. WAS PERFO YES	ORMED?
MEDICAL	20c. TIME OF INJU Hour a. m p. m	10	ar 20d. IN White at work	Not while	PLACE OF INJURY fHome, for actory, street, office bldg., et	m, 20f. (City	or town)	(Cou	inty)	(State)
		ANDREW E. 1		7	tery 19 6 to the occurred of 10:		the causes a coot, city or town,	nd on the	date stat	deceased ed abave. LATE SIGNED
L	BURIAL CREMAT	10N, 226. DATE THEREO		22c. NAME OF CEMETERY Naplesprin	8 Bayard (8)	一世別	,	Diegraf		.Va.
23.	Mayn	e C Apr	ggli	ADDRESS Davi	. M. I	10/5	AR JAB. REGIS	TRAR'S SIGN	X/F	on

BUREAU V. C.

10N SS 1956

BECEINED